2007 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 23, 2007 08:00 A		
DOCU	MENT # J66425]	Secretar	ry of State
1. Entity Name PROFESSIONAL SHOPPING SERVICES, INC.						-
Principal Plac	ce of Business	Mailing Address		1.		-
446 LIMERIO	CK DR	PO BOX 540625			• • •	
MERKIII ISL	LAND, FL 32953	MERRITT ISLAND, FL 32954-0	J625			
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DO NOT WRITE IN THIS SPACE				01102007 No Ch	ig-P CR2E034	1 (11/05)
	M NOI WKIIE	CE	4. FEI Number		Applied For	
	•			59-2801502		Not Applicable 8.75 Additional
	6. Name and Address of Current Re	anistorad Anont	Т	5. Certificate of Status D		e Required
1.44104444		office on Affaire	ļ <i>u</i> , - ja .			
LANDMAN, RAYMOND D. 1735 RICHARDSON RD				DO NOT	WRITE	
MERRITT	ISLAND, FL 32952			IN THIS	SPACE	
			,		••••	
8. The above	e named entity submits this statement for the	the purpose of changing its register	ed office or register	red agent, or both, in the Str	ate of Florida. I am far	niliar with, and accept
the obligat	tions of registered agent.		-	.	,,	
SIGNATURE	Signature upped or printed name of registered agent and	d tille il applicable. (NOTE: Registeri	ピミックモンブ ed Agent signature required	d when reinstating)	42 DATE	3-07
	OHY MONS	- AND MAN	•	:		,
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			+	.00 May Be led to Fees		
10.	OFFICERS AND DI	IRECTORS	-			
NAME	LANDMAN, RAYMOND D.					
STREET ADDRESS CITY-ST-ZIP	446 LIMERICK D MERRITT ISLAND, FL				v y	
TITLE	VTS		-	, or	U000007222	59
NAME Street address	LANDMAN, CAROL J		* .	ບລ	/02/07-8002	3-025 150.00
CITY-ST-ZIP	446 LIMERICK DR MERRITT ISLAND, FL		, , , , , , , , , , , , , , , , , , ,		Sin Hally	
TITLE			1		•	
NAME STREET ADDRESS		•		DO NOT	r varoute	
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CITY-ST-ZIP TITLE						,
NAME						
STREET ADDRESS CITY-ST-ZIP				: :		
TITLE			-		•	
NAME STREET ADDRESS			31 A	•		
C. TELL MODILEDO						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Raymond & Janeforan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #